



The Better Sleep for Carers Program Week 1 Handout: **Sleep & Dementia**

The Better Sleep for Carers programme is based on **Cognitive Behavioural Therapy for Insomnia (CBT-I)** - the approach recommended by NHS England for persistent sleep problems.

This is a **six-week programme**, with one session each week lasting about an hour. Each week focuses on a different aspect of sleep that is particularly relevant to caring, and introduces practical strategies drawn from CBT-I and mindfulness.

Some of what we cover may already be familiar to you. Our aim is not simply to give you more information about sleep, but to support you in experimenting gently with new ways of relating to sleep - for both you and the person you care for.

We recognise how demanding caring can be. Improving sleep usually involves small changes that unfold gradually over time, and may require some effort outside the sessions. We invite you to approach this as a process of **curiosity rather than perfection**. If something doesn't work as hoped, that's part of learning - not a failure.

Your experience matters. Please feel free to share what is helpful, what feels difficult, and what you are noticing as we go along.

What is sleep?

Although sleep looks like rest for the body, it is actually an **active brain process**.

Different types of sleep do different jobs:

- **Non-REM sleep** supports physical repair, immunity, and recovery.
- **REM sleep** is important for memory, emotion, and mental processing.

During sleep, the brain is also:

- Restoring energy
- Clearing out metabolic waste
- Regulating stress and inflammation

When we are very sleep-deprived, both body and mind can struggle - affecting mood, concentration, patience, and physical health.

At the same time, humans are remarkably resilient. Even when sleep is poor, the brain can adapt in clever ways. This means that struggling with sleep does **not** mean you are “failing” - it means your body is doing its best under difficult circumstances.

Why Sleep can be so Difficult when you are Caring

Caring often involves:

- Night-time interruptions
- Worry or vigilance
- Physical exhaustion
- Emotional strain

These naturally increase stress levels, which can make falling asleep harder - even when you are very tired. Over time, many carers develop an unhelpful cycle: **tired but wired**.

Part of this programme is about gently untangling that cycle.

How the Brain Learns: Sleep and Association

Our brains are very good at forming associations.

For example:

- A green light → we walk
- A red light → we stop

In a similar way, our brains learn to associate:

- Bed = sleep
- Bedroom = rest

But if we spend a lot of time in bed worrying, watching TV, checking the clock, or lying awake frustrated, the brain can start to associate bed with **wakefulness, anxiety or alertness** instead.

This is where **stimulus control** comes in. It helps rebuild a clearer link between your bed and sleep.

Gentle stimulus control guidelines

These are not rigid rules - think of them as **supports for your sleep system**, not tests you have to pass.

1. **If you can't sleep after about 15-20 minutes, get up.**

Go to another room and do something calm and undemanding. If you can't leave the bed for practical reasons, choose a quiet, soothing activity where you are.

2. **Return to bed only when sleepy.**

Sleepiness feels heavy, droopy, or fuzzy - different from simply feeling exhausted.

3. **Repeat as needed through the night.**

This can feel frustrating, but it teaches your brain that bed is for sleep, not for lying awake worrying.

4. **Go to bed when sleepy, not just when it's 'time'.**

Many people try to force sleep by going to bed early. This can actually make sleep

harder.

5. **Use your bed mainly for sleep (and intimacy).**

This helps protect the sleep-bed association.

6. **Get up at roughly the same time each day.**

A regular wake-up time strengthens your body clock, even after a bad night.

7. **Be cautious with naps.**

Long or late naps can make night sleep worse. If you need one, aim for about 30 minutes and at a similar time each day.

Sleep and Dementia

Sleep is often disrupted in people living with dementia. This can happen for several reasons:

Changes in the body clock

As dementia progresses, the brain's natural sleep rhythm can become less reliable. This may lead to:

- Earlier bedtimes
- More night waking
- Lighter sleep
- More daytime sleepiness

Medication and health conditions

Many people with dementia also have other health conditions. Pain, bladder problems, or certain medications can disturb sleep.

Melatonin changes

Dementia can reduce melatonin - the hormone that signals "it's night-time."

Good light exposure during the **day**, and dimmer lighting in the **evening**, can help support a healthier rhythm.

Low activity or engagement

If the person you care for is inactive during the day, they may not feel tired enough at night. Gentle physical, social or meaningful activity can support better sleep.

Night-time confusion

Waking at night can be frightening or disorientating for someone with dementia. They may believe it is morning, or that they need to follow an old routine.

This can be very stressful for carers, especially if safety is a concern.

How Poor Sleep Affects Carers

When sleep is disrupted regularly, carers may experience:

- Increased exhaustion
- Lower mood
- Greater irritability
- Higher stress
- Reduced patience and resilience

None of this reflects a lack of care or love - it reflects how demanding chronic sleep loss can be.

Sleep and Stress

Stress and sleep influence each other in both directions.

When we are stressed, the body releases more **cortisol**, which keeps us alert and on edge. This is useful in danger, but unhelpful at bedtime.

Relaxation practices - including mindfulness, gentle breathing, and muscle relaxation - can help shift the body from “fight or flight” into “rest and digest,” making sleep more possible.

Over time, these practices can:

- Reduce time to fall asleep
- Improve sleep quality

- Reduce night waking
- Lower overall stress levels

Take-home Messages from Week 1

- Sleep is an active brain process that supports both body and mind.
- We can help sleep by strengthening the link between bed and sleep.
- Sleep is often disrupted in dementia for biological and practical reasons.
- Caring stress can affect sleep - this is normal, not personal failure.
- Gentle mindfulness and relaxation can support better rest.

What's coming next week

- Creating clearer day–night routines
- The role of light in sleep
- Light, dementia and the body clock
- Using light strategically to support sleep
- Beginning a simple sleep plan for the person you care for

Home Practice for Week 1

1) Noticing sleep and wakefulness

Each evening, simply pause for one minute and notice:

- How tired you feel
- What your body is doing
- What your mind is doing

No need to change anything - just observe.

2) One small experiment with your bedtime routine

Choose one gentle change this week, such as:

- Lowering lights in the evening
- Turning off screens earlier
- Doing a brief breathing exercise before bed
- Leaving the room if you are awake for a long time

Notice what happens, without judging it.

3) A brief calming breath (when stressed at night)

Try this anytime you feel tense:

- Inhale slowly through the nose
- Pause
- Exhale longer than your inhale

Repeat 3–5 times.